PTO/SER7 (10:07) Approved for use through 08(30):2010 - OM8 9651-033 U.S. Paterd and Trademark Ottoo: U.S. DEPARTMENT OF DOMMERCE

Linder the Paper	nwork Reduction Act of	1996 nu person are:	required to	respond to a dosect		on unless à display		B control numbe
Free pursuant to the Consoleded Appropriations Act, 2006 (P.R. 4818). FEE TRANSMITTAL For FY 2008				Complete if Known Application Number 09/331,723-Conf. #2008				
				Filing Date /		August 18, 1999 John E. BOYNTON		
				Applycant claims amail entity status. See 37 CFR 1.27				
			AROIR			2185-0156P		
				Attorney Docket No. 2185-0156				
METHOD OF P	AYMENT (check	all that apply)						
Check	Credit Card	Money Order	No	er Other	(please identif	y):		
х Верокії Ассо	RINS Deposit Account	Number 02	-2448	Depose	Account Name	Birch, Stewa	rt, Kolasch 8	k Birch, LLF
For the ab	ove-identified depo	sit account, the D	Director is	hereby authoriz	ed to: (chec	ok all that apply)		
x Cha	rge fee(s) indicated	i below		Charg	ge fee(s) inc	ficated below, e	xcept for	the filing fee
X Char fee(s	rge any additional i s) under 37 CFR 1.	fee(s) or underpay 16 and 1,17	yments o	X Credi	any overpa	ayments		
FEE CALCULA	TION			***************************************				
1. BASIC FILING,	SEARCH, AND E	XAMINATION FE	ES					
		LING FEES Small Entity		ARCH FEES Small Entity		ATION FEES Small Entity	Fees Paid (\$)	
Application Type Utility	e Fee (\$	1 Eee.(\$) 155	510) <u>Fee (\$)</u> 255	Fee (\$) 210	Fee (\$) 105	rees	Paid (S)
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80 80		
Heissne	310	155	510	255	620	310		
Provisional	210	105	510	233	0.20	910		
2. EXCESS CLAIR		102			.,	· ·		Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues) Lach independent claim over 3 (including Reissues)							50 210	25
Multiple dependent claims							370	185
Total Claims Extra Claims Fee (\$)			Fee F	se Paid (\$) Multiple D			pendent Claims	
NO - Named Window	a	αα			Fee (\$		Fee Paid (
indep. Claims	nP = highest number of total elems paid for, if greater than 25. Indep. Claims Extra Claims Fee (\$) Fee F			Paid (\$)				
	2 3	4						
HP = hignest number	of independent claims	paid for it grooter the	n 3					
listings under	SIZE FEE on and drawings ex 37 CFR 1.52(e)), t ion thereof. See 3	he application size	ze fee du	e is \$260 (\$130):				
Total Sheets	Extra Sheet	s <u>Number</u>	of each a	dditional 50 or fra			Fee	Paid (\$)
	100	/50 °		(round up to a wh	ule number) .	х	*	
4. OTHER FEE(S)	pecification, \$13t	Continuous suns	die dies				Eggs	Paid (\$)
Other (a.a. Inc.	effica comba	1401 Notice of	ucy assor spoesi	лин)			5	10.00
Other (e.g., late filing surcharge): 1401 Notice of appeal 1253 Extension for response within third month							1,050.00	
SUBMITTED BY								
Signesure	725222	25/1	T	Repairation No. (Atomey/Agent)	28,977	Talephone	(703) 20	05-8000
Name (Print/Type)	erald M. Murohi	Jr/				Ciate	June 25	5 2008